Patient Safety Innovation Award - 2019 Nomination Form

For questions about submitting a nomination for the award, contact Casey Hutchens chutchens@IHAconnect.org.

Overview

The Indiana Patient Safety Center (IPSC) has established the annual Patient Safety Awards to recognize individuals, groups and organizations who have helped bring Indiana closer to the goal of zero patient harms. These awards will honor commitment and enthusiasm for improving patient safety in hospitals and communities across the state.

The Patient Safety Innovation Award recognizes an individual, group or program that has developed innovative ways to improve, encourage or enhance patient safety within their hospital, health system, regional patient safety coalition or professional organization. This could mean developing a new program, process or campaign or leveraging an existing process or tool in a new way. Winners will demonstrate creativity and forward thinking.

Submit your nomination by filling out the following form and submitting a brief narrative. Supporting documents may be attached to enhance your nomination.

The nomination period is open from Feb. 25 to April 8. Nominations will be carefully considered by a committee of health care professionals and patient safety advocates, with winners announced at the Patient Safety Summit June 4.

2018 Winner: The Comprehensive Transitions of Care (TOC) Pharmacy Program at Franciscan Health Hammond Hospital

The Comprehensive Transitions of Care (TOC) Pharmacy Program at Franciscan Health Hammond Hospital received the 2018 Patient Safety Innovation Award for their outstanding work improving continuity of care medication safety by targeting high-risk patients to receive a TOC pharmacist evaluation of patient's medication therapy. Through this unique approach to patient care, the team at Franciscan Health Hammond Hospital removed patient care silos by bridging the gaps in care in all aspects of a patient's healthcare experience. The Comprehensive Transitions of Care (TOC) Pharmacy Program was created to bridge gaps in transition of care from the hospital to home and, ultimately, decrease hospital readmissions of high-risk patients.

2019 Nomination Form

NOMINATOR INFORMATION

Name *

Jim Fuller

Job Title *

President

Hospital/Organization *

Indianapolis Coalition for Patient Safety, Inc.

Address *

410 W 10th Street, Suite 3107, Indianapolis IN 46202

Email *

jfuller@indypatientsafety.org

Phone Number *

317-223-3090

NOMINEE INFORMATION

I am nominating a(n) *

- ○ Individual
- ◉ Group/Team/Coalition
- ○ Organization

If group, team, coalition, or organization, please include name

ICPS, Substance Use Disorder Workgroup

Contact Name *

Jim Full

Job Title *

President

Hospital/Organization *

Indianapolis Coalition for Patient Safety, Inc.

Address *

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NOMINATION REASONING

Please write a brief narrative below that describes why this nominee deserves to be recognized. Please incorporate the answers to the following questions in your narrative based on the award you indicated above.

Write response here *

In 2016, The Indianapolis Coalition for Patient Safety, Inc. (ICPS) formed a multidisciplinary workgroup specific to identification and treatment of Substance Use Disorder with the focus on opioids. This workgroup has developed strategies for local health-systems to implement to identify and treat patients with substance use disorder framing this as a chronic medical condition that requires long term care, monitoring, management strategies and follow up as part of routine medical care across the patient's lifespan. The workgroup's recommendations include:

- All staff that work in health-care receive annual SUD education. At a minimum, education should include an overview of SUD, stigma reduction, and treatment strategies associated with SUD
- Regular screening of all patients for Substance Use Disorders using a standardized and evidence based assessment tool as part of routine care delivery
- If screening is positive, patients should be provided with brief interventions and directed toward recommended treatment.
- Reversal Agents: Naloxone should be available to all at risk patients and families in any setting.
- Long Term Treatment: Recognizing long term treatment is necessary, all participating health-systems should develop treatments that align with patient goals. It's important that treatment options include the use of Medication Assisted Treatments (MAT) in medical care settings as well as behavioral healthcare settings.
- Prescription Drug Monitoring Programs (INSPECT in Indiana) should be reviewed when considering prescribing a controlled substance.
- Treatment Resource Guide available for all patients.
- Prescribing Guidelines: Implement established opioid prescribing guidelines into practice.

PATIENT SAFETY INNOVATION AWARD

Please complete all questions below.

What patient safety initiative has this individual/group/organization created or led? *

This workgroup has developed strategies for local health-systems to implement to identify and treat patients with substance use disorder framing this as a chronic medical conditions that requires long term care, monitoring, management strategies and follow up as part of routine medical care across the patient's lifespan.

What need did this initiative fill, or what problem did it solve? *

The initiative galvanized local health-systems to work together and provide a forum for sharing, transparency, and community-wide learning on this important, and previously under-recognized, clinical disease.

What made this initiative innovative or unique from existing efforts? *

The Indianapolis Coalition for Patient Safety, Inc. (ICPS) provides a forum for Indianapolis-area hospitals to share best practices and work together to solve patient safety issues. A free-standing nonprofit organization (501c3), it is comprised of representatives from the 6 major health systems located in Indianapolis: Community Health Network, Eskenazi Health, Franciscan Health, Indiana University Health, Richard L. Roudebush Veterans Affairs Medical Center, and St. Vincent. Although competitors in the market place, hospital leaders came together and agreed to not compete on safety.
The interdisciplinary SUD workgroup had representation from all six local health-systems as well as a variety of clinical expertise: clinical nurse specialists, pharmacists, physicians, clinical social workers, behavioral health, addiction specialists, pain specialists, and emergency department leadership. Having all these health-systems and local specialists represented allowed the group to consider this chronic disease from many perspectives and arrive at consensus on how best to approach.

What results did this initiative produce? *

The group has completed a comprehensive consensus statement as well as a gap analysis tool. Summary attached.
See complete ICPS SUD workgroup consensus statement at:
http://indypatientsafety.org/documents/resources/DRAFT_ICPS_Addictions_consensus_statement_Aug302017_with_embedded_documents.docx
Using the gap analysis tool, local health-systems have been able to track their progress of implementing various strategies, learn from each other as they saw others implementing strategies, and report to health-system leadership progress made as well as any barriers to implementation.
For results, see Gap analysis grid which demonstrates significant movement from all six health-systems toward accomplishing the eight objectives established through group consensus.

Has this innovative initiative been recognized by other individuals or groups, or has it been replicated by others since its implementation? *

The ICPS SUD workgroup was invited to present our work at the Indiana Attorney General's 9th Annual Drug Abuse Symposium in Noblesville in October of 2018. Additionally, The ICPS SUD consensus statement that has been developed by this workgroup is being utilized as the basis of a research study to evaluate what current curriculum is being taught at the Indiana University School of Nursing to identify gaps in nursing education and identify potential areas to improve nursing curriculum around substance use disorder. This action will better prepare future nurses caring for these patients and to address substance use disorder.

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